Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16-31, 2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

### Application Identifier TYPE OF SUBMISSION: Application Construction Co	APPLICATIO	N FOR				QMB Approval No. 0348-00		
Sate Application Frequent F	FEDERAL ASSISTANCE		2. DATE SUBMITTED					
Application Prapplication Prapplication ADATE RECEIVED BY FEDERAL AGENCY Federal Identifier	1. TYPE OF SUBMI	ISSION:		3. DATE RECEIVED BY	STATE	Chata Application 14-144		
Non-Construction Nan-Construction Nan-Constru		1	Preapplication			State Application Identifier		
S. APPLICANT INFORMATION California County Water District California County Wate		,		4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Comparizations Units County Water District California California California California California California California California California California California California California California			☐ Non-Construction					
Mewell County Water District		ORMATION			10 7 30			
Address (give ev), county, Stoke and sip code): 40.5 StA Avenue Tulelake, CA 96134 6. EMPLOYER IDENTIFICATION NUMBER (EW): 9.4 1 2 4 1 0 4 8 8. TYPE OF APPLICANT: (enter appropriate lefter in box) 10. EVALUATION: 11. TYPE OF APPLICANT: (enter appropriate lefter in box) 12. A State 13. TYPE OF APPLICANT: (enter appropriate lefter in box) 14. Independent School Dist. 15. County 16. Lindyldual 17. TYPE OF APPLICANT: (enter appropriate lefter in box) 18. County 19. Lindyldual 19. New Conditionation Revision Chericage Duration Che	1 ~	ounty W	Vater District		Californi	a County Water District		
### application (plw area code)	Address (give city, c	ounty, State, a		1		_		
SEMPLOYER IDENTIFICATION NUMBER (SIN): 9 4 2 4 1 0 4 8	ľ				this application (give a	area code)		
S. EMPLOYER IDENTIFICATION NUMBER (EM): 9 4 1 0 4 8	Tulelake	, CA S	96134		1			
A. Site H. Independent School Dist. S. TYPE OF APPLICATION: (S. New Continuation Prevision H. Bevision of Heigher Learning Continuation of Higher Learning Continuation of Higher Learning H. Site Controlled Inditution of Higher Learning Continuation of Decrease Award B. Decrease Award C. Increase Duration O. Decrease Duration Ciber(specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. Descriptive Title Of Applicant's PROJECT: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, State, etc.): Community of Newell, Modoc County, Calif. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: California STATE CLEARING HOUSE! 15. ESTIMATED FUNDING: a. Federal C. State S. 1,000,000 a. Yes. This preapplication was Made AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE C. State S. 2,790,121 TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA DE THE APPLICANT AND THE APPLICANT ON	6. EMPLOYER IDEN	VTIFICATION	NUMBER (EIN):					
8. TYPE OF APPLICATION: New Continuation Revision		7			7. THE OF ALTERO			
Revision					A. State	H. Independent School Dist.		
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If Revision, enter appropriate letter(s) in box(es) A. increase Award D. Decrease Duration D. Decrease Decrease Duration D. Decrease Decrease Duration D. D		X New	Continuation	Revision				
A. Increase Award D. Decrease Duration Other(specify): Decrease Duration Content	If Revision, enter app	propriate letter	r(s) in box(es)		,			
D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water and Sewer System 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A Inomposes A		السبا	I/	1	_		
9. NAME OF FEDERAL AGENCY: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10. — 7 6 0			****	Duration ,	G. Special District	N. Other (Specify)		
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TITLE: Water & Waste Disposal Loan/Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Newell, Modoc County, Calif. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: California STATE CLEARING HOUSE 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: CDBG D. Applicant S. YES. THIS PREAPPLICATION AND PLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE S. COTHER			,		of Legens	ar Adriay I.		
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TITLE: Waster & Waste Disposal Loan/Grant Program 12. AREAS AFFECTED BY PROJECT (Chies, Counties, States, etc.): Community of Newell, Modoc County, Calif. 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: California STATE CLEARING HOUSE 17. 12/06 Fourth District 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 18. Federal C. DBG D. Applicant S. THIS PREAPPLICATION/APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE D. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? G. TOTAL S. 7, 790, 121 TITLE: Waster A PROCESS TOR 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. To The Name of Authorized Representative Michael Whitney G. Died Signature of Authorized Representative Michael Whitney B. Title President C. Telephone Number 5 30-664-2267 6. Died Signature of Authorized Representative Michael Whitney G. Died Signature of Authorized Representative Michael Whitney Michael Whitney Michael Whitney G. Died Signature of Authorized Representative Michael Whitney Michael Whitney Michael Whitney Michael Whitney Michae	10. CATALOG OF F	EDERAL DO	MESTIC ASSISTANCE NUI	MBER:	11. DESCRIPTIVE TO	ILE OF APPLICANT'S PROJECT:		
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13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: California STATE CLEARING HOUSE 1/05	12. AREAS AFFECT	ED BY PROJ	ECT (Cities, Counties, State	es, elc.):				
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: California STATE CLEARING HOUSE 1/05	Communit	y of Ne	ewell, Modoc C	ounty, Calif		[LILI] OCT 2 7 2004 [[V]]		
Start Date Ending Date a. Applicant b. Project Fourth District Fourth Dist		·		_				
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b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other USDA, RD	c. State	{ 5	5	,	DATE	•		
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f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ 3,790,121 0 Yes If "Yes," attach an explanation. [Incomplete of Authorized Representative of Authorize		\$	2790.					
g. TOTAL 3,790,121 0 Yes If "Yes," attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative Michael Whitney C. Telephone Number 530-664-2267 e. Date Signature of Authorized Representative President 530-664-2267		-			FOR HEV	IEW .		
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DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title C. Telephone Number 530-664-2267 e. Date Signed	19 TO THE BEST OF	E MAY KANOMI	,			\$4ml		
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative Michael Whitney C. Telephone Number 530-664-2267 e. Date Signed	DOCUMENT HAS B	EEN DULY A	LEUGE AND BELIEF, ALL I UTHORIZED BY THE GOV	DATA IN THIS APPLICA ERNING BODY OF THE	CHON/PHEAPPLICAT CAPPLICANT AND TH	E APPLICANT WILL COMPLY WITH THE		
Michael Whitney President 530-664-2267 d. Signature of Authorized Representative e. Date Signed								
d. Signature of Authorized Bepresentative e. Date Signed	• •				i	·		
	Michael d. Signature of Author	Whitne	ntative	Presid	ent			
	Mach			,				

APPLICATION FOR			'			Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED October 20, 2004		Applicant Iden	Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	вү :	STATE	State Applicati	ion Identifier	
Construction	Construction	4. DATE RECEIVED I	ВҮ	FEDERAL AGENCY	Federal Identifier		
Non-Construction	☐ Non-Construction				E4R5000505		
5. APPLICANT INFORMATION Legal Name:				Organizational Unit	l:		
STATE OF CALIFORNIA				Department: DEPARTMENT OF	INDUSTRIAL RE	LATIONS	
Organizational DUNS: 807 487772	, NEC	FIVED	1	Division:		FETY AND HEALTH	
Address:		LIVLU		·		rson to be contacted on matters	
Street: 1367 E. Lassen Ave., Suite B-4) oc.	2 0 2004		involving this appli Prefix:	cation (give are:	a code)	
Cit.				Mr.	Stephen		
City: Chico	STATECL	EARING HOUSE		Middle Name Charles			
County: Butte		THOUSE		Last Name Hart			
State: California	Zlp Code 95973			Suffix:			
Country: United States				Email: SHart@dir.ca.gov			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			Phone Number (give		Fax Number (give area code)	
94-6001347]			(530) 895-6938		(530) 895-6941	
8. TYPE OF APPLICATION:	7=1.			7. TYPE OF APPLIC	CANT: (See bac	k of form for Application Types)	
If Révision, enter appropriate let	ter(s) in box(es)	on 🖫 Revision		(A) State			
(See back of form for description	of letters.)			Other (specify)			
Other (specify)				9. NAME OF FEDER U.S. Dept of Labor,			
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTAN	CE NUMBER:				CANT'S PROJECT:	
		17-600				safety & health training with small d mine specific subjects.	
TITLE (Name of Program):				mine operators, min	e comaciois and	Timie apacine sobjecia.	
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):		•			
Statewide							
13. PROPOSED PROJECT Start Date:	I E a Nove Date			14. CONGRESSION	IAL DISTRICTS	OF: b. Project	
10/1/2004	Ending Date: 9/30/2005			a. Applicant		D. Ploject	
15. ESTIMATED FUNDING:				ORDER 12372 PRO	ÇEŞŞ?	REVIEW BY STATE EXECUTIVE	
a. Federal \$		324,201		a. Yes. 12 THIS PI	REAPPLICATION BLE TO THE ST.	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		220,211			SS FOR REVIEW	1/01/	
c, State \$		·w		DATE:	October 20, 2004	,	
d. Local \$		· · · ·		b. No. 🖂 PROGR	AM IS NOT COV	ERED BY E. O. 12372	
e. Other \$				OR PRO		T BEEN SELECTED BY STATE	
f. Program Income \$		100		17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		544,412		☐ Yes If "Yes" atta	ch an explanation	n. 🖾 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY O	APP OF 1	LICATION/PREAPPI THE APPLICANT AN	LICATION ARE T D THE APPLICA	TRUE AND CORRECT. THE INT WILL COMPLY WITH THE	
a Authorized Representative				12 22 2	la Nance		
Prefix Mr.	First Name Stephen			Cha			
Last Name Hart				Suffi			
b. Title Principal Engineer	_			1(530	lephone Number) 895-6938	(give area code)	
d. Signature of Authorized Repr				e. Da	ate Signed 0/2004		
Mighen (Harx					Standard Form 424 (Rev 9-2003)	

DOLLOATION FOR			· ·	OMB Approval No. 0348-004
APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier
EDERAL ASSISTAN	CE	10-27-04		*
		3. DATE RECEIVED BY	OTA TE	State Application Identifier
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	SIÙIE	Diate replication (1997)
Application Construction	Prespolication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction	T, PAIL HEOLHER BI	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
APPLICANT INFORMATION	Carl Harris Contract Contract			
sgal Name:			Organizational Unit:	
Antelope Valley	Transit Aut	hority	established and the second sec	
ddress (give city, county, State, t	and zip code):			number of person to be contacted on matters involve
42210 6th Stree	et West		this application (give a Ron Cunn	ries code) Di naham
Lancaster, CA 9	93534		661-729-	2209
B. EMPLOYER IDENTIFICATION		CT 2 7 2004		ANT: (enter appropriate letter in box)
				G
9 5 -4 3 7 7	1119		A.State	H. Independent School Dist.
TYPE OF APPLICATION:	STATE (JEARING HU	E County	I. State Controlled Institution of Higher Learning
₩ New	Continuation	Revision	C. Municipal	J. Private University
7.1			D. Township	K, Indian Tribe L. Individual
f Revision, enter appropriate lette	er(8) in Dox(es)		E. Interstate F. Intermunicipal	M. Profit Organization
A. Increase Award B. Decr	ease Award C, increase	Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other/s		DELENCTI		
Di padiodo parareir	,		9. NAME OF FEDERA	AL AGENCY:
			U.S. Depar	tment of Transportation
			1 1	ansit Administration
O. CATALOG OF FEDERAL PO	MESTIC ASSISTANCE N	imber:	11 DESCRIPTIVE T	TLE OF APPLICANT'S PROJECT:
Federal Transit	tCMAO	20 -2 0 5	Purchase/1	Install fara box system
(Highway Plann:	ing and Const	ruction)	to accept	"smartcarde". The change
TITLE:	JECT (Chien Counties St.	ton ato 1:	to smart	cards 10 a County wide
iz. AREAS AFFECTED BY PRO Antelope Valley	y portion of	northern	project,	
Los Angeles Cou			-	
	14. CONGRESSIONAL DI			·
	a, Applicant		b. Project	
5/2000 12/2006	22 and 25		22 and 25	BUBJECT TO REVIEW BY STATE EXECUTIVE
16. ESTIMATED FUNDING:			ORDER 12372 P	
a, Federal	\$	80	ONDER 12072 F	1002301
xi / 000/0i	773,00	5	A. YES. THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$.66	AVAILABL	E TO THE STATE EXECUTIVE ORDER 12372
			PROCESS	FOR REVIEW ON:
c, State	\$		/·	0-27-04
J 1 1		- 	DAIE	
d, Local	\$ 100,16		b. No. CI PROGRA	AM IS NOT COVERED BY E. O. 12372
e, Other	\$,ex	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE
			FOR RE	VIEW
. Program Income	\$	6 0		
			17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 873,22	, 50	Yes If "Yes,"	attach an explanation.
IS TO THE BEST OF MY PHONE			1	TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DIE V TO THE BEST OF MY KNOW	TLEVUE AND BELIEF, AL AUTHORIZED BY THE CO	L DATA IN THIS APPLIC VERNING BODY OF TH	A HOMPHEAPPLICA E APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF T			- STERRANTI NITE	
a. Type Name of Authorized Repr		b. Title	- 4	c. Telephone Number
Randy Floyd		Executive 1	Director	661-729-2206
d. Signature of Authorized Repres	sentative			e. Date Signed 10-27.04
Previous Edition Usable	· · · · · · · · · · · · · · · · · · ·			Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduction	n		••	Prescribed by OMB Circular A-102

PART I - FACE SHEET

2a, DATE SUBMITTED TO CORPORATION 3, DATE RECEIVED BY STATE				Non-Construction			
FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/22/04	RATION 3, DA	TE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:	E APPLICATION IDENTIFIER:		
2b. APPLICATION ID;			· · · · · · · · · · · · · · · · · · ·				
05SR047444	.	TE RECEIVED:		GRANT NUMBER:	MBER:		
5. APPLICATION INFORMATION		22/04		04SRPCA006			
LEGAL NAME: Shorth County Commu			NAME AND C PERSON TO area codes):	CONTACT INFORMATION FOR PROJECT DIRECTOR OR BE CONTACTED ON MATTERS INVOLVING THIS APPLIC.	THER TIDN (9)		
ADDRESS (give street address, city,	state and zip code)	!	NAME: Jossica A. Cunningham				
1670 Market St., Suite 300 Redding CA 96001 - 1046			TELEPHONE NUMBER: 530,225,5804 FAX NUMBER: 520,225,5178				
. EMPLOYER IDENTIFICATION NUM	MBER (FINI)		INTERNETE-	MAIL ADDRESS; jeunningham@co.shasta.co.us			
946000535	(/17/-		7. TYPE OF A				
			78. Local Gave				
. TYPE OF APPLICATION:	CONTINUATION		70. Comminity	Action Agency/Community Action Program	G F		
REVISION				The second secon			
Revision, enter appropriate letter(s)	in box(RS);			00T 0 F 0004	1		
. Incmase Award B. Docress	· -			OCT 2 5 2004			
. Decroose Duration	a stward C. I	ncresse Duration					
· Genduse Dhallan			į.	consequence of the state of the			
				· Properties of the American	17/31/14		
			9. NAME OF FE		<u> </u>		
			9. NAME OF FE	DERAL AGENCY:	<u>10u .</u> Bulaa		
B. CATALOG OF FEDERAL DOMEST	TC ASSISTANCE N	IUMBER: 94.002	Corpora	DERAL AGENCY: Ition for National and Community Se	rvice		
a. CATALOG OF FEDERAL DOMEST		IUMBER: 94,002	Corpora	EDERAL AGENCY: Ition for National and Community Se /E TITLE OF APPLICANT'S PROJECT:	rvice		
a. CATALOG OF FEDERAL DOMEST b. TITLE: Refired and Senior Volunte	er Program		Corpora	DERAL AGENCY: Ition for National and Community Se	rvice		
a. CATALOG OF FEDERAL DOMEST	er Program		Corpora	EDERAL AGENCY: Ition for National and Community Se /E TITLE OF APPLICANT'S PROJECT:	rvice		
B. CATALOG OF FEDERAL DOMEST D. TITLE: Refired and Senior Volunte AREAS AFFECTED BY PROJECT (er Program		Corpora	EDERAL AGENCY: Ition for National and Community Se /E TITLE OF APPLICANT'S PROJECT:	rvice		
B. CATALOG OF FEDERAL DOMEST D. TITLE: Refired and Senior Volunte AREAS AFFECTED BY PROJECT (California Counties of Telaum, Shasta	eer Program 	s, Status, etc):	Corpora 11. DESCRIPTIV Shaste/Tehai	EDERAL AGENCY: Ition for National and Community Se /E TITLE OF APPLICANT'S PROJECT: TITLE CO'S RSVP	rvice		
B. CATALOG OF FEDERAL DOMEST D. TITLE: Refired and Senior Volunte AREAS AFFECTED BY PROJECT (California Counties of Tehnim, Showta PROPOSED PROJECT: START DAT	eer Program 		Corpora 11. DESCRIPTIV Shaste/Tehai	EDERAL AGENCY: Ition for National and Community Se /E TITLE OF APPLICANT'S PROJECT: THE CO'S RSVP ICE PERIOD: START DATE: END DATE:	rvice		
B. CATALOG OF FEDERAL DOMEST D. TITLE: Reflied and Senior Volunte AREAS AFFECTED BY PROJECT (California Countries of Telearre, Sharta PROPOSED PROJECT: START DAT ESTIMATED FUNDING:	eer Program /List Olives, Counties TE: 01/01/04	s, Statos, etc): END DATE: 12/31/06	11. DESCRIPTIVE Shaste/Tehal	IDERAL AGENCY: Ition for National and Community Se /E TITLE OF APPLICANT'S PROJECT: THE CO'S RSVP ICE PERIOD: START DATE: END DATE:	rvice		
B. CATALOG OF FEDERAL DOMEST D. TITLE: Reflired and Senior Volunte AREAS AFFECTED BY PROJECT (California Counties of Telegra, Shasta PROPOSED PROJECT: START DAT ESTIMATED FUNDING: D. FEDERAL	eer Program 	s, Statos, etc): END DATE: 12/31/06	11. DESCRIPTIV Shaste/Tehai 14. PERFORMAN 16. IS APPLICATI ORDER 12372 PF	IDERAL AGENCY: Ition for National and Community Se /E TITLE OF APPLICANT'S PROJECT: THE CO'S RSVP ICE PERIOD: START DATE: END DATE: ION SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS?	rvice		
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B. CATALOG OF FEDERAL DOMEST D. TITLE: Reflied and Senior Volunte AREAS AFFECTED BY PROJECT (California Counties of Tcharm, Sharta PROPOSED PROJECT: START DAT ESTIMATED FUNDING: D. FEDERAL D. APPLICANT ESTATE	### Program Clist Cities, Counties	END DATE: 12/31/06	11. DESCRIPTIV Shaste/Tehal 14. PERFORMAN 16. IS APPLICATI ORDER 12372 PF X YES, THIS P TO THE REVIEN	IDERAL AGENCY: Ition for National and Community Se /E TITLE OF APPLICANT'S PROJECT: THE CO'S RSVP ICE PERIOD: START DATE: END DATE: ICN SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS? REAPPLICATION/APPLICATION WAS MADE AVAILABLE E STATE EXECUTIVE ORDER 12372 PROCESS FOR	rvice		
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B. CATALOG OF FEDERAL DOMEST D. TITLE: Reflired and Senior Volunte AREAS AFFECTED BY PROJECT (California Counties of Telearm, Shorta PROPOSED PROJECT: START DAT ESTIMATED FUNDING: D. FEDERAL D. APPLICANT :: STATE I. LOCAL	### Program **Clist Office, Counties Counties	END DATE: 12/31/06 18.00 94.00 90.00	11. DESCRIPTIV Shaste/Tehal 14. PERFORMAN 16. IS APPLICATI ORDER 12372 PF X YES, THIS P TO THE REVIEN	EDERAL AGENCY: Ition for National and Community Se /E TITLE OF APPLICANT'S PROJECT: THE CO'S RSVP ICE PERIOD: START DATE: END DATE: ION SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS? REAPPLICATION/APPLICATION WAS MADE AVAILABLE ESTATE EXECUTIVE ORDER 12372 PROCESS FOR N ON:	rvice		
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a. CATALOG OF FEDERAL DOMEST D. TITLE: Reflired and Senior Volunte AREAS AFFECTED BY PROJECT (California Counties of Tehatra, Shasta PROPOSED PROJECT: START DAT ESTIMATED FUNDING: D. APPLICANT E. STATE LOCAL OTHER PROGRAM INCOME TOTAL	### Program (List Office, Counties 132,5,	END DATE: 12/31/06 18.00 94.00 8.00 6.00 0.00	11. DESCRIPTIV Shaste/Tehal 14. PERFORMAN 16. IS APPLICATI ORDER 12372 PI X YES, THIS P TO THE REVIEV DATE: 17. IS THE APPLIC	EDERAL AGENCY: Ition for National and Community Se /E TITLE OF APPLICANT'S PROJECT: THE CO'S RSVP ICE PERIOD: START DATE: END DATE: ION SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS? REAPPLICATION/APPLICATION WAS MADE AVAILABLE E STATE EXECUTIVE ORDER 12372 PROCESS FOR W ON: 21-OCT-04 CANT DELINQUENT ON ANY FEDERAL DEBT? S If "Yes," attach an explanation, X NO			

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	10/00/0004	Applicant Idea	ntifier
1. TYPE OF SUBMISSION:		F~~~	10/29/2004	10: 1	
Application	Pre-application	3. DATE RECEIVED BY	SIAIE	State Applicat	tion Identifier
1 222		4. DATE RECEIVED BY	EEDEDAL ACENOV	Federal Identi	
Construction	Construction	4. DATE RECEIVED DI	PEDERAL AGENCY	Legeral loeuti	mer
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION		~			
Legal Name:			Organizational Unit	•	~~~
San Diego Emplo	yers Association Founda	ation	Department:	*	
Organizational DUNS:		~	Division:		
08-091-	3940		Dividion.		
Address:	[[] []		Name and telephon	e number of pe	erson to be contacted on matters
Street: 12255 Parkway Centre	Della	E U V E N	involving this applie	cation (give are	a code)
12255 Faikway Cellile	DIIVE)	and the same of th	Prefix:	First Name:	Duran dan
City:	- Hall		Middle Name		Brandon
Poway		[222004]	Scot		
County: San Diego			Last Name		
San Diego	Zip Code		Hernán	dez	
California	92064 O	MAMINIA HALIOT	Suffix:		
Country;	STAIL	ICUUH CHINAS	Email:		
United States of Ame	F./Gateman		bhemandez	@sdea.com	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give a	area code)	Fax Number (give area code)
32-0072086)		(858) 679-7332 ext-3	308	(858) 679-7355
8. TYPE OF APPLICATION:	J		7 TYPE OF APPLIC	ANT. /C b	
	7 24 4		7. TYPE OF APPLIC	ANT: (See Dad	k of form for Application Types)
If Revision, enter appropriate lette	/ Continuation	Revision	O Not For Profit		
(See back of form for description	of letters)		Other (specify)		
, and seem of the seem plant.			Office (specify)		,
Other (specify)		_	9. NAME OF FEDER	AL AGENCY:	
			Department Of Lat	bor / Veterans' E	Employment And Training Service
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T		
			Integration Of U.S. A	rmed Forces Va	aterans Into San Diego & Imperial
717" E (Name of Bosses)		17-802	County Workforce Th	rough Skills Tra	aining, Internships & Job Placement
TITLE (Name of Program); Vet	terans' Workforce Investi	ment Program	, , , , , , , , , , , , , , , , , , , ,	noaga aans m	aming mornompo a von i lacomoni
12, AREAS AFFECTED BY PRO	O.IECT /Cities Counties	States etc.):			
1		· ·			
San Diego County & Imperial Co	Junty, California, United	States of America			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	QF;
Start Date; 01/01/2005	Ending Date: 06/30/2	2005	a. Applicant	lu d	b. Project
15. ESTIMATED FUNDING:	00/30/2	2005	CA - 52		CA - 48th,49th,50th,51st & 52nd
13, ESTIMATED FUNDING;			ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE
a. Federal \$		00	TILLORD		VAPPLICATION WAS MADE
		375,000	a, Yes, AVAILAB	SLE TO THE ST	ATÉ EXECUTIVE ORDER 12372
b. Applicant \$		62 000	PRÓCES	S FOR REVIEW	VON
c. State \$		62,000			,
>1010		•	DATE: 1	0/22/2004	
d. Local \$			en PROGRA	M IS NOT COV	/ERED BY E. O. 12372
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f. Program Income \$			FOR RE		NE ON ANY SERENAL PERFO
Togram moone			17. IS THE APPLICA	MI DELINGUE	ÑT ON ANY FEDERAL DEBT?
g. TOTAL \$	***************************************	. 00	MV 15 W 11	L	
45. 70. 7115. 50. 50. 50. 50. 50. 50. 50. 50. 50. 5			Yes If "Yes" attacl		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	ALL DATA IN THIS APPI	LICATION/PREAPPLI	CATION ARE 1	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	HE ASSISTANCE IS A	GOVERNING BODY OF T WARDED	HE APPLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE
a Authorized Representative	TIE MODIO I MINUE 10 AI	ITANULU.			· · ·
Prefix	First Name		Middle	Name	~~
Last Nome	Brandon		~~ <u> </u>	Scot	
Last Name Hernández			Suffix		
b. Title	~~~		Tolo	phone Number	(give area code)
Finance Specialist					(858) 67 <u>9-733</u> 2 ext-308
d. Signature of Authorized Repre	sentative		e. Date	s Signed	
			1 10/2	2/2004	

Version 7	/U	3
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APPLICATION FOR			1		Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 10/22/2004		Applicant Iden	tifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application	Pre-application	4. DATE RECEIVED BY	EEDERAL ACENC	Y Federal Identif	for
☑ Construction	Construction	4. DATE RECEIVED BT	FEDERAL AGENC	l ederal identil	ilei
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:		E U UU :	Organizational U		
WILMA J. MURRAY	1 D 15	NED	Department: LUCERNE VALLE	Y DOMESTIC VIO	LENCE OUTREACH, INC.
Organizational DUNS:	TO E G		Division:		
159658314 Address:					rson to be contacted on matters
Street: P.O. BOX 2003	IIIII oct	26 2004	Prefix:	plication (give area	a code)
32649 HIGHWAY 18				WILMA	
City: LUCERNE VALLEY		- NULO HOHEE	Middle Name J.		
County: SAN BERNARDINO	STATE CLE	ARING HOUSE	Last Name MURRAY		
State: CALIFORNIA	Zip Code 92356		Suffix:		
Country: USA			Email: lvdv@sisp.net		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (gi	ve area code)	Fax Number (give area code)
33-0789224			760-248-2064		760-248-9194
8. TYPE OF APPLICATION:			7. TYPE OF APPI	LICANT: (See bac	k of form for Application Types)
✓ Nev	v Continuatio	n Revision	O NON PROFIT	501 (C) 3 ORGAN	IIZATION, DOMESTIC VIOLENCE
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)	F	Other (specify)		
			a MANE OF FER	EDAL ACENCY.	
Other (specify)			9. NAME OF FED USDA - RURAL D	DEVELOPMENT	re la company
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVI	E TITLE OF APPLI	CANT'S PROJECT:
		1 0-7 6 6	SECURITY GATE	E AND EENCE	
TITLE (Name of Program):					
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):	NEW ROOF ON HAS EXPIRED A		FICE AREA THE MATERIAL LIFE
LUCERNE VALLEY and N/S A			I IAS EXI INED A	ND 10 ELANINO.	
13. PROPOSED PROJECT	<u></u>		14. CONGRESSI	ONAL DISTRICTS	-
Start Date:	Ending Date:		a. Applicant JERRY LEWIS		b. Project
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$		00	a. Yes. AVAII	PREAPPLICATION	N/APPLICATION WAS MADE
		5,252]	LABLE TO THE ST. CESS FOR REVIEW	ATE EXECUTIVE ORDER 12372
		4,298			
c. State \$		•		E: 10/22/2004	
d. Local \$			D. NO. 11 3		/ERED BY E. O. 12372
e. Other \$			FOR	REVIEW	OT BEEN SELECTED BY STATE
f. Program Income \$		00	17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		9,550	3	ttach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF	, ALL DATA IN THIS APP	LICATION/PREAP	PLICATION ARE T	TRUE AND CORRECT. THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	WARDED.	THE ALL LIGARITY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
a. Authorized Representative Prefix			Mi	ddle Name	
	First Name WILMA		J		
Last Name MURRAY			Su	ffix	
b. Title PRESIDENT		1		Telephone Number 60-248-2064	(give area code)
d. Signature of Juth rized Repre	esentative	Murray	e	Date Signed 0/22/2004	
Previous Edition Usable	1 / //	1 word			Standard Form 424 (Rev.9-2003

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OCT-20-2004 AFFLICATION FEDERAL ASS			1AYOR'S OFFICE 2 DATE SUBMITTED 10/	MCJC 6/04	415 554 Applicant Identifier	1 6995 P.02/02 N/A	
1. TYPE OF SUBMISS	~~~~		3. DATE RECEIVED 6				
Application		pplication	TO DATE RECEIVED BY	Y STAIL	State Applicant Identifier	N/A	
Construction		Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	. YER	
☑ Non-Construction	r 🛛 🖾 h	lon-Construction			reseran idelibiles	N/A	
5. APPLICANT INFOR	MATION						
Legal Name: San Fran	ncisco. City and	i County of .		Organizational Unit:			
Organizational DUNS:				Division:			
Address (give city, cour	nty, state, and z	p code):		Name and telephone	number of person to be cantac	sted on matters involving this	
I Dr. Caritor	B. Goodlett	Place	TWE IN	application (give are	a code)	Mee ou wares turadraing Mila	
Room 436	The same to the	TE G E		Name: Rod Seyn	iore		
San Francisc	n CA 94102	Lid		Phone: 415-554-6	1165		
DAIL FLATICISC	.u. CA 94/102	A DOCT	2 0 2004		/ T G _ /		
8. EMPLOYER IDENTI	FICATION NUM	BER (EIN):		7 TYPE OF APPLIC	ANT: (enter appropriate lott	or in box)	
	946000479	-	- TIME	A State	H Independent Scho	المشما	
8. TYPE OF APPLICAT	TON	CONTRACTOR CONTRACTOR	APPRODUCE	B County	State Controlled	nstitution of Higher Learning	
U. TIPE OF APPLICAT	ION:	MAIN W	and the state of t	C Municipal D Township	J Private University	•	
	🛭 New	Continuation	☐ Revision	E. Interstate	K. Indian Tribe L. Individuat		
M Caulaian anna ann				f Intermunicipa		n	
If Revision, enter approp	mate letter(s) in	box(es):		G Special Distric	t N Other (Specify)		
A. Increase Award	B. Decre	ease Award C.	Increase Duration				
D. Decrease Duration	o Other (s	pecify):		9. NAME OF FEDER	AL AGENCY:	***	
•					Department of Just		
				Office	of Community Oriented F	Colleing Services	
10. CATALOG OF FED	ERAL DOMEST	IC ASSISTANCE N	UMBER:	11. DESCRIPTIVE T	TLE OF APPLICANT'S PROJ	ECT:	
		1 6	7 1 0			•	
—	•	•					
TITLE: 2004 Yechno							
12. AREAS AFFECTED BY	PROJECT (cities	, counties, status, etc	1.):				
13. PROPOSED PROJE	CT:	14. CONGRESS	IONAL DISTRICTS OF:				
Start Date End	ting Date	a. Applicant		b, Project			
1/23/2004	1.03.000=						
1/23/2004	1/22/2005						
15. ESTIMATED FUNDI	NG:			16. IS APPLICA	TION SUBJECT TO REVIEW	BY STATE EYECUTIVE	
a. Federal	\$		989,477.00	ORDER 123	72 PROCESS?	TI O'A'L EXECUTIVE	
			7071417.dd	a. YES, THIS	PREAPPLICATION/APPLICA	TION WAS MADE	
b. Applicant	\$	-	.00	AVA	ILABLE TO THESTATE EXEC		
- 01				PRO	CESS FOR REVIEW ON:		
c. State	\$.00	jm x m	·=		
1. Local				DAT			
· soul	Š		:00	5. NO 🗆	PROGRAM IS NOT COVERE	IN DV E A 40070	
. Other							
	S		.00		OR PROGRAM HAS NOT BE FOR REVIEW	EN SELECTED BY STATE	
Program income	5		00		· OR RESIDEN		
			.00	17. IS THE APPL	ICANT DELINQUENT ON AN	VERBER II ACOVO	
, TOTAL	\$		989,477,00	☐ Yes	If "Yes." attach an explanation		
8. TO THE BEST OF MY KN Y THE GOVERNING BODY (OWLEDGE AND OF THE APPLICA	BELIEF, ALL DATA IN	THIS APPLICATION/PRES	APPLICATION ARE TRUE	AND CORRECT, THE DOCUMEN NOES IF THE ASSISTANCE IS AW	T HAS BEEN DULY AUTHORIZED	
. Typed Name of Authori			b. Title	THE ATTACHED ASSURA	NUES IF THE ASSISTANCE IS AN	ARDED.	
	lurlene Ran		1	r, Mayor's Offic	e of Criminal Justice	c. Talephane number 415-554-6564	
Signature of Autrionzed	Representative			.,		e. Date Signed	
Λi	$\bigvee \gamma_1$	\cdot				b. Date signed	
	アシシ	WH XI				1 14/6/07	

APPLICATION FO FEDERAL ASSIST.	R		· · · · · · · · · · · · · · · · · · ·				
IFFIDERAL ASSIST.				2. DATE SUBMITTED		Applic	ant Identifier
	ANCE						
1. TYPE OF SUBMISSION:				3. DATE RECEIVED B	Y STATE	State A	application Identifier
Application		application Construction					
⊠ Construction ⊠ Non-Construction	, , –	Non-Construction	G E I W	康 [7]			
(A) Non-Construction	"		G E V	4. DATE RECEIVED B	Y FEDERAL	AGENCY Federa	l Identifier
5. APPLICANT INFORMAT	TION	1147	Appel From 6 conditions about the desire desired in the condition of the c			11021101	
Legal Name	ION	- Hall		Organizational Unit:			
Los Angeles County Me	etropolitan	Transportation	Authority 8 2004		and Poli	ev Analysis	
Address (give city, state, and zi			001710 2001				on matters involving this application (give
One Gateway P	Dlozo	L					
Los Angeles, Ca	alifornia	90012-2952	E CLEARING I	(213) 922-616			
6. EMPLOYER IDENTIFICA		MBER (EIN):		7. TYPE OF APPLICA	NT: (enter ap	propriate letter in box) N
95 - 44 0 19	7 5			_			
8. TYPE OF APPLICATION	!:				Independent		
					led Institution of Hig	gher Learning	
New Continuation	区 Revisi	on			Private Univ Indian Trib		
				E Interstate L	Individual		
If Revision, enter appropriate	e letter(s) in	box(es): A - incr	ease award	F Intermunicipal			
				G Special District	N Other (Spe	ecity)	
	ecrease Awa	rd C Increase D	uration	State Chartere	d Tronci	t District	
D Decrease Duration Oth	ісі (зресіју)						
				9. NAME OF FEDERA			
				Federal Trans	sit Admii	nistration	
10. CATALOG OF FEDERA	L DOMEST	ric 20 - 5	07	11. DESCRIPTIVE TIT	TLE OF APP	LICANTS PROJECT	`:
ASSISTANCE NUMBER	L DOMES!		0,				
TITLE 49 U.S.C. §	8 5307			CA-90-X970-	05 – FY2	2005 Capital A	Assistance
TITLE 17 C.S.C. S	3 2207						
12. AREAS AFFECTED BY	PROJECT ((cities, counties, sta	tes, etc.)				
ar sa car	A	C 4					
City and County of Los	s Angeles,	CA					
13. PROPOSED PROJECT	14	CONGRESSIONA	L DISTRICTS OF				
	14.					b. Project	
Start Date		Ending Date	a. Applicant			b. Froject	
07/01/02		12/31/2008	25 through 39, 42, 46			Same as App	olicant
07/01/02	L	12/31/2000				Same as rip	JACCO III
15 ESTIMATED FUNDING			16 IS APPLICATION	ON SUBJECT TO REVIE	W BY STAT	E EXECUTIVE ORD	ER 12372 PROCESS?
15. ESTIMATED FUNDING		84 105 00		ON SUBJECT TO REVIE			
		84,195.00	a YES THIS P		ICATION W		ER 12372 PROCESS? BLE TO THE STATE EXECUTIVE
		84,195.00	a YES THIS P ORDER 12	PREAPPLICATION APPL 2372 PROCESS FOR REV	ICATION W		
		84,195.00	a YES THIS P	PREAPPLICATION APPL 2372 PROCESS FOR REV	ICATION W		
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		84,195.00	a YES THIS P ORDER 12 DATE 10	PREAPPLICATION APPL 2372 PROCESS FOR REV	LICATION W VIEW ON	/AS MADE AVAILA	
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APPLICATION FOR		2. DATE SUBMITTED		Applicant Ider	Version 7/03
FEDERAL ASSISTANCE		1	0/13/04		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	AL AGENCY Federal Identifier	
☐ Non-Construction	☐ Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Unit		
Orick Community Services Distri	ct		Department:		
Organizational DUNS:		B N V E IN	Division:	***************************************	manum y makemus mid debum merum salam gamagan manum salam salam gipah sama gara salam da da papab da maya yang salam salam an manum salam
004972949 Address:			Name and telephon	e number of pe	rson to be contacted on matters
Street: P.O. Box 224	11231		involving this applic	cation (give are	
	IIIIIOCT_	1 8 2004	Prefix: Mr.	First Name: Tony	
City: Orick			Middle Name W		
County: Humboldt	come come dist. I come	ADMONOLICE	Last Name Shen		y a recommendation of the section of
State: CA	Zip Code AIL CLT	ARING HOUSE	Suffix:		
Country:	90000		Email:	er anskrive had great de serven de skriver, had de mergenes en general besteuns de s	MANAGAN AND AND AND AND AND AND AND AND AND A
USA 6. EMPLOYER IDENTIFICATION	N NIIMBER (EINI):		tshen@co.humboldt. Phone Number (give a		Fax Number (give area code)
9 4 = 1 5 5 6 6 7 7	is the contract of the contract.		707-476-4805	nea code)	707-445-7219
8. TYPE OF APPLICATION:	A STATE OF THE PARTY OF THE PAR	A STATE OF THE STA		ANT: (See back	of form for Application Types)
☑ New	Continuation	n 🗐 Revision	G		
if Revision, enter appropriate lette (See back of form for description	er(s) in box(es)		Other (specify)		
does back or lotter for description			Other (apecity)		
Other (specify)			9. NAME OF FEDER USDA Rural Develop		d Waste Disposal
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T		
. '		1 0 - 7 6 0	Construction of a cor disposal system for C		ater collection, treatment and
TITLE (Name of Program): Water and waster disposal loan	and areat program	1 (1 1 1 11 11 11 1	disposal system for t	MICK	,
12. AREAS AFFECTED BY PRO		, States, etc.):			,
City of Orick-Orick Community S	Services District	·			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date: 2005	Ending Date: 2007 (est.)		a. Applicant California District 1		b. Project California District 1
15. ESTIMATED FUNDING:	2007 (03.7)				REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 PROC		/APPLICATION WAS MADE
	4	1030,000.	J ^{a. Yes.} MVAILAE		ATE EXECUTIVE ORDER 12372
		400,000		10/13/04	
c. State \$			DATE:	10/13/07	
d. Local \$. 00	b. No. T PROGRA	M IS NOT COV	ERED BY E. O. 12372
e. Other \$	(1) - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	.00	OR PRO		T BEEN SELECTED BY STATE
f. Program Income \$	•	.90			YT ON ANY FEDERAL DEBT?
g. TOTAL \$	4.	430,000	- ☐ Yes If "Yes" attacl	n an explanation	. 🗷 No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF,	ALL DATA IN THIS APP	LICATION/PREAPPLI	CATION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T			THE APPLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative			<u> </u>		
Prefix Mr.	First Name Ron		Middle	Name Le	2
Last Name Barlow	-		Suffix		
o. Title Charr perso	~ ^ ^		c. Tele	phone Number	(give area code)
d. Signature of Authorized Repres		X R	e. Date	Signed	=12-04

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Prescribed by OMB Circular A-102